Case 2:06-cv-03136-JS	Document 41-16	Filed 01/28/21	Page 1 of 61 PageID #: 6809
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JESSE FRIEDMAN

November 24, 2010 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RF. Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s) all screen names, all e-mail addresses and all other information listed on the form. If you are a level 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any newladditional information in the blank boxes 31 provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

OFFENDER INFORMATION

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	sed in the following section

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ID:13996

PHYSICAL ATTRIBUTES

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PRIMARY ADDRESS

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Enter the phone number where you can be reached in the following section:



SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

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STATE ZIP COUNTY COUNTRY

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PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following

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EMPLOYMENT INFORMATION

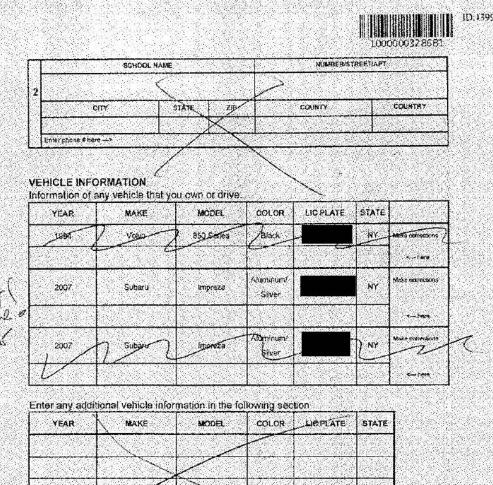
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DRIVER'S LICENSE INFORMATION

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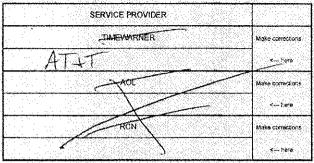
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INTERNET INFORMATION

SERVICE PROVIDER



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EMAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
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Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

ID: [3996

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Oposed Sex Offender's Signature

Offender's Name(print) Nata

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Return to:

Division of Criminal Justice Services - SOR 4 Tower Place

Albany, NY 12203-3764



State of New York
Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203-3764

To: JESSE FRIEDMAN

November 25, 2011 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other Information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

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OFFENDER INFORMATION

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PRIMARY ADDRESS

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SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

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PO BOX ADDRESS

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EMPLOYMENT INFORMATION

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HIGHER EDUCATION INFORMATION

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

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VEHICLE INFORMATION

Information of any vehicle that you own or drive.

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Enter any additional vehicle information in the following section

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DRIVER'S LICENSE INFORMATION

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INTERNET INFORMATION

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EMAIL ADDRESS

E-MAIL ADDRESS	
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Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

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ID:13996

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE, I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's
/ Signature

Sex Offender's Name(print)

Date

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Return to:

Division of Criminal Justice Services - SOR 4 Tower Place Albany, NY 12203-3764 Case 2:06-cv-03136-JS Document 41-16 Filed 01/28/21 Page 13 of 61 PageID #: 6821

TEVIETER

ARIEN HANGER





State of New York Olvision of Criminal Justice Services 4 Tower Place Albady, NY 12203-3764

To: JESSE FRIEDMAN

November 26, 2012 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

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Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

OFFENDER INFORMATION

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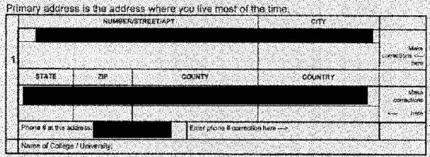
PHYSICAL ATTRIBUTES

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PRIMARY ADDRESS



SECONDARY ADDRESS

Secondary Address is the address where you live some of the time

Enter any additional Secondary Address in the following section

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PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX information in the following section

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TD:13996

EMPLOYMENT INFORMATION

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HIGHER EDUCATION INFORMATION

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

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VEHICLE INFORMATION

Information of any vehicle that you own or drive:

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DRIVER'S LICENSE INFORMATION

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DRIVER'S LICENSE NUMBER	ISSUING STATE

INTERNET INFORMATION

SERVICE PROVIDER

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EMAIL ADDRESS

E-MAIL ADDRESS	
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/Sex Offender's Signature Sex Offender's Name(print)

Jesse Friedman

Date

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Return to:

Division of Criminal Justice Services - SOR 4 Tower Place Albany, NY 12203-3764







New York State Division of Criminal Justice Services

Michael C. Green
Executive Deputy Commissioner

Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querella penal. Si necesita una traducción gratuita, llame al 518-457-3167. Muchas gracias
<u>简体学</u> Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件,请致电 518-457-3167。谢谢。
Kreyôl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respekte. Si w pa reponn sa ka lakoz akizasyon kriminèl. Si w bezwen tradiksyon grafis, tanpri rele nan 518- 457-3167. Mèsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar fuogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518- 457-3167. Grazie.
한국이 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457- 3167 번으로 전화하십시오. 감사합니다.
Русский Russian	Это юридический документ, гребующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.





Slate of New York Division of Criminal Justice Services 80 South Swan St Alberry, NY 12210

To: JESSE FRIEDMAN

November 25, 2013 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address. Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- · Review each line of information on this form carefully,
- If you find any information that is incorrect or guidated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any newladditional information in the blank boxes provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

OFFENDER INFORMATION

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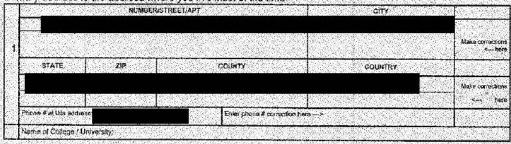
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Primary address is the address where you live most of the time



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EMAIL ADDRESS

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Enter any additional internet information in the following section

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I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

Sex Offender's Name(print)

Jose Filedman

Date

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Return to:

Division of Criminal Justice Services - SOR 80 South Swan St Albany, NY 12210





New York State Division of Criminal Justice Services

Michael C. Green Executive Deputy Commissioner

Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querella penal. Si necesita una traducción gratuita, llame al 518-457-3167. Muchas gracias.
随体字 Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件,请致电 518-457-3167。谢谢。
Kreyôl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delê pou w respekte. Si w pa reponn sa ka lakoz akizasyon kriminêl. Si w bezwen tradiksyon gratis, tanprî rele nan 518- 457-3167. Mêsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518-457-3167. Grazie.
한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457- 3167 번으로 전화하십시오. 감사합니다.
Русський Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.

HARRING BENZONE





State of New York Division of Criminal Justice Services 80 South Swan St Albany, NY 12210

To:

JESSE FRIEDMAN

November 24, 2014 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE Annual Address Verification

Sex Offender Registry Annual Address Verification Form

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OFFENDER INFORMATION

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PRIMARY ADDRESS

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Secondary Address is the address where you live some of the time

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PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

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I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

Jesse Friedman Sex Offender's

Date

Sex Onender Name(print)

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Michael C, Green Executive Deputy Commissioner

Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querella penal. Si necesita una traducción gratuita, llame al 518-457-3167. Muchas gracias.
简体字	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如
Simplified Chinese	果您需要免费的翻译件,请致电 518-457-3167。谢谢。
Kreyôl Ayîsyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respekte. Si w pa reponn sa ka lakoz akizasyon kriminèl. Si w bezwen tradiksyon gratis, tanpri rele nan 518- 457-3167. Mèsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518- 457-3167. Grazie.
한국어	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-
Korean	3167 번으로 전화하십시오. 감사합니다.
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State of New York Prision of Chiminal Justice Services 80 South Swan St Albuny, NY 12210

To:

JESSE FRIEDMAN

November 24, 2015 Offender ID: 13996

From: ...

Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RF

Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address. Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are employed at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any newladditional information in the blank boxes provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

OFFENDER INFORMATION

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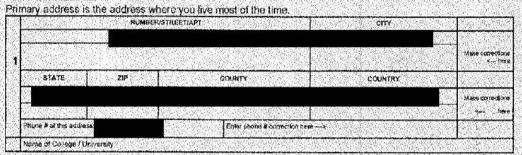
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INTERNET INFORMATION

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I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

Jesse Fredman

11/29/15

Sex Offender's Name(print)

Date

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Return to:

Division of Criminal Justice Services - SOR 80 South Swan St Albany, NY 12210







New York State Division of **Criminal Justice Services**

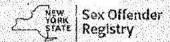
Michael C. Green Executive Deputy Commissioner

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Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-417-3384. Спасибо

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To: JESSE FRIEDMAN

November 25, 2016 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

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INSTRUCTIONS:

- Review each line of information on this form carefully.
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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

OFFENDER INFORMATION

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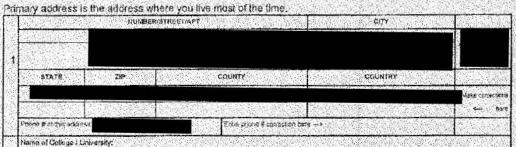
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Case 2:06-cv-03136-JS Document 41-16 Filed 01/28/21 Page 42 of 61 PageID #: 6850

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

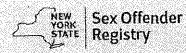
Sex Offender's Name(print) Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Return to:

Division of Criminal Justice Services - SOR 80 South Swan St Albany, NY 12210





New York State Division of **Criminal Justice Services**

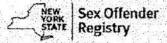
Michael C. Green Executive Deputy Commissioner

Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-417-3384. Thank you.
Español Spanish	Este documento logal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querella penal. Si necesita una traducción gratuita, llame al 518-417-3384. Muchas gracias.
简体字 Sumplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件,请致电 518-417-3384。谢谢。
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Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento ponale. Per una traduzione gratuita, chiami il numero 518-417-3384. Grazie.
한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-417- 3384 번으로 전화하십시오. 감사합니다.
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Cylin Mid Cylin Page - 6 of 5





To: JESSE FRIEDMAN

November 24, 2017 Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- . Enter any corrections or any newladditional information in the blank boxes provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form

OFFENDER INFORMATION

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Sex Offender's Signature

Sex Offender's Name(print)

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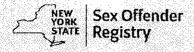
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Division of Criminal Justice Services - SOR 80 South Swan St Albany, NY 12210





New York State Division of Criminal Justice Services

Michael C. Green Executive Deputy Commissioner

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Русский Russian	Это юридический документ, гребующий безоглагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-417-3384. Спасибо.

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NEW YORK Sex Offender

To JESSE FRIEDMAN

November 25, 2019 Offender ID, 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any new/additional information in the blank boxes provided.

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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

OFFENDER INFORMATION

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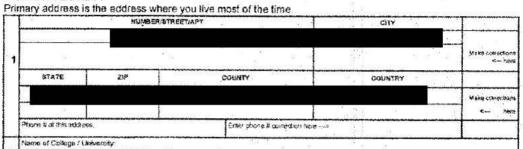
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Enter any additional Secondary Address in the following section

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DRIVER'S LICENSE NUMBER	ISSUING STATE	N.
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Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE
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INTERNET INFORMATION

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SUNDANCEFEART@GMAIL.COM	Kimm Allake corrections lives

Enter any additional internet information in the following section

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SEX OFFEHDER REGISTRY

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Case 2:06-cv-03136-JS Document 41-16 Filed 01/28/21 Page 54 of 61 PageID #: 6862

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Jesse Fredman 11/29/2019

Sex Offender's Signature Sex Offender's Date Name(print)

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

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Division of Criminal Justice Services - SOR 80 South Swan St Albany, NY 12210





Governor Andrew M. Cuomo

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MMT. Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件,请致电 518-457-3167。谢谢。
Kreyôl Ayisyen Haitian Creole	Sa a se yon dokiman legal kî gen delê pou w respekte. Si w pa reponn sa ka lakoz akîzasyon kriminêl. Si w bezwen tradiksyon gratis, tanpri rele nan 518- 457-3167. Mêsi.
वास्ता Bengali	এটি সময় সংবেদনশীল আইনি নথি। এব উত্তব না দিলে ফৌজদারি অভিযোগ করা হতে পাবে। আপনাব বিনাদুল্যের উত্তব পেতে অনুগ্রহ করে 518-457-3167 নশ্বরে ফোন করুন। ধন্যবাদ।
환국어 Kercan	이것은 시간을 다투는 법적인 문건입니다. 음답하지 않는 경우 형사고빌을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-3167 번으로 전호 하십시오. 감사합니다.
Русский Russian	Это юридический документ, гребующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению угодовного обвинения. Если вам нужны бесплатные услуги перевода, позвоянте по номеру 518-457-3167. Спвсибо.
	1

SEX OFFENDER REGISTRY
MEW YORK STATE
SEX OFFENDER REGISTRY
PROPERTY OF THE PRO

ID:1399€



JESSE FRIEDMAN To:

November 25, 2020 Offender ID: 13996

Sex Offender Registry Unit, NYS Division of Criminal Justice Services From:

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out Incorrect or outdated information with a single line.
- Enter any corrections or any newladditional information in the blank boxes provided.

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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections
a di u a	# 187-#450-142V-141042		1 0. ———————————————————————————————————	< here

OTHER NAMES

Enter any aliases, nick names or other names used in the following section

[[]] ID:1399

PHYSICAL ATTRIBUTES

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
	508	. 153	Brown	Blue	YES	Make corrections
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SCARS/MARKS/TATTOOS

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PRIMARY ADDRESS

Primary address is the address where you live most of the time.

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\neg	Name of College / Ur	niversity:			- 180 Sec. 100 - 000 - 000 - 000

SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

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PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

		PC	BOX	CITY
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	STATE	ZIP	COUNTY	COUNTRY

Visited 6- Jajuan

EMPLOYMENT INFORMATION

	EMPLOYER'S NAME	NUMBER/STREET/APT	4.7
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M MARK E PROPERTY	5				
CITY	STATE	ZIP	COUNTY	COUNTRY	
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Enter any additional employment information in the following section EMPLOYER'S NAME NUMBERISTREET/APT CITY STATE COUNTY ZIP COUNTRY If the above address is on the campus of a College or University, enter its name EMPLOYER'S NAME NUMBER/STREET/APT 2 CITY STATE ZIP COUNTY COUNTRY

HIGHER EDUCATION INFORMATION

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

If the above address is on the campus of a College or University, enter its name

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TATE	ZIP	COUNTY	COUNTRY
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			FATE ZIP COUNTY Check one

VEHICLE INFORMATION

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver		NY	Make correction
2017	Subaru	Impreza	Blue		NY	Make correction
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Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE
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DRIVER'S LICENSE INFORMATION

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Enter any additional driver's license information in the following section

ISSUING STATE

INTERNET INFORMATION

SERVICE PROVIDER

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SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections
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E-MAIL ADDRESS

E-MAIL ADDRESS		
JESSE@FREEJESSE.NET		< Make corrections here
SUNDANCEFEAR1@GMAIL.COM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	< Make corrections here

Enter any additional internet information in the following section

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Sex/Offender's Signature

Sex Offender's Name(print)

Date

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বাংলা	এটি সময় সংকোনশীল আইনি নথি। এর উত্তর না দিলে ফৌজদারি অভিযোগ করা হতে
Bengali	পারে। আপনার বিনামূল্যের উত্তর পেতে অনুগ্রহ করে 518-457-3167 নন্ধরে ফোন করুন। ধন্যবাদ।
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